FSA/LPFSA/Transportation and Parking Remittance Report

Employer Information

Employer ID number (EIN)	Employer name	Payroll check date
69-036-0001-		

Medical, Dependent, Transportation/Parking Reductions

Please note: Transportation and parking deductions must be reported separately.

A. Medical reductions	**B.** Dependent day care reductions	**C.** Transportation and parking reductions
FSA $_____ LPFSA $_____		Transportation $_____ Parking $_____

Adjustments

List only those adjustments that were not included in the totals above, and fax a copy of this form to:
Department of Employee Trust Funds at 608-266-0133.

Name (first, middle, last, former/maiden)		Social Security number	Payroll checks (date of first check, date of last check)
			through
Medical reduction adjustment FSA $_____ LPFSA $_____	Dependent day care adjustment	Transportation and parking adjustment Transportation $_____ Parking $_____	Total adjustment

Name (first, middle, last, former/maiden)		Social Security number	Payroll checks (date of first check, date of last check)
			through
Medical reduction adjustment FSA $_____ LPFSA $_____	Dependent day care adjustment	Transportation and parking adjustment Transportation $_____ Parking $_____	Total adjustment

Name (first, middle, last, former/maiden)		Social Security number	Payroll checks (date of first check, date of last check)
			through
Medical reduction adjustment FSA $_____ LPFSA $	Dependent day care adjustment	Transportation and parking adjustment Transportation $_____ Parking $	Total adjustment

Grand Total Should equal the election amounts reported to our third party administrator. Any items requiring adjustments or changes should be reflected on the following month's report.

(A + B + C) Reductions + Adjustments ➔	

STAR Transactions

List STAR AP voucher number in the table below associated with this report. Attach additional lists if necessary. *Screen prints are not necessary if the AP vouchers are listed below.*

Transaction date	Trans	Agency number	Transaction number	Batch number	Transaction amount
	AP				
	AP				
	AP				
	AP				
	AP				

Prepared by: _____ Telephone.: _____ **STAR total ➔**